

Inspection Report

South Dakota Cosmetology Commission
500 E Capitol Ave Pierre, SD 57501
605-773-6193 cosmetology@state.sd.us

A.
SALON OR BOOTH NAME: Annette Ball Booth
ADDRESS: 2120 W Main CITY: Rapid City
OWNER NAME: Annette Ball TELEPHONE NUMBER: _____
SALON or BOOTH LICENSE NUMBER: CB-05582-2019 EXPIRATION DATE: 3-1-2019

B. TYPE OF SALON:

TYPE OF INSPECTION:

1. Salon Booth Rental Home Limited
2. Cosmetology (all) Hair Esthetics Nails Other _____
3. New Routine Re-Inspection Investigation

C. During all working hours. YES is satisfactory NO is NOT satisfactory SDCL 36-15 ARSD 20:42

- ☒ YES ☐ NO 1. Current licenses; Rules/Regulations, Unregulated Services Sign – Displayed _____
☒ YES ☐ NO 2. Certified for microdermabrasion and/or electric nail files and/or eyelash extensions _____
☒ YES ☐ NO 3. Fire Extinguisher, ABC type, 5 lbs., easily accessible, charged _____
☒ YES ☐ NO 4. First aid kit that contains adhesive dressings, gloves, antiseptic, gauze, tape, blood spill procedures _____
☒ YES ☐ NO 5. Disinfecting agent(s) available at station _____
☒ YES ☐ NO 6. Disinfecting agent meets virucidal, fungicidal, and bactericidal requirements _____
☒ YES ☐ NO 7. Disinfectant container available (large enough) _____
☒ YES ☐ NO 8. Disinfectant (if mixed) fresh, clean and free from contaminants _____
☒ YES ☐ NO 9. Clean closed containers - to store only cleaned or disinfected tools _____
☒ YES ☐ NO 10. Closed, labeled containers for soiled towels, linens, tools _____
☒ YES ☐ NO 11. Pedicure station and tools clean and disinfected after each use _____

☒ YES ☐ NO 12. Floors clean (no hair or nail clippings) and in good repair _____
☒ YES ☐ NO 13. Walls, ceilings, fixtures, vents clean and in good repair _____
☒ YES ☐ NO 14. Plumbing, hot/cold running water and central sewage system _____
☒ YES ☐ NO 15. Electrical, appliance cords and outlets safe and in good repair _____
☒ YES ☐ NO 16. Ventilation in work area _____
☒ YES ☐ NO 17. Restroom, clean with disposable towels, liquid soap _____
☒ YES ☐ NO 18. Storage room or cabinet for harmful supplies _____

☒ YES ☐ NO 19. Hair work stations clean and disinfected _____
☒ YES ☐ NO 20. Nail work stations clean and disinfected _____
☒ YES ☐ NO 21. Esthetics work stations clean and disinfected _____
☒ YES ☐ NO 22. Waste Containers emptied at least daily _____
☒ YES ☐ NO 23. Sinks clean and disinfected, no hair or soap scum _____
☒ YES ☐ NO 24. Hand sanitizer or hand-washing facilities available for use _____

☒ YES ☐ NO 25. Hair tools new and/or clean and disinfected _____
☒ YES ☐ NO 26. Nail tools new and/or clean and disinfected _____
☒ YES ☐ NO 27. Esthetics tools new and/or clean and disinfected _____
☒ YES ☐ NO 28. All single-use items disposed after each use _____
☒ YES ☐ NO 29. All products are clean, closed, and labeled correctly, includes wax _____
☒ YES ☐ NO 30. Dispersal tools or equipment is used for products _____
☒ YES ☐ NO 31. Electrical equipment clean and disinfected (electric clippers, electric files or curling irons) _____
☒ YES ☐ NO 32. Attachments for electrical equipment clean and disinfected _____

☒ YES ☐ NO 33. Private Residences – separate exit – separate from residential area _____
☒ YES ☐ NO 34. Other laws and/or rules that apply (list) _____

D. List of Personal Licensees (first & last)

<u>Annette Ball</u>	Lic #	Expires:
	<u>CO-01699-2018</u>	<u>12-10-2018</u>
	Lic #	Expires:
	Lic #	Expires:
	Lic #	Expires:
	Lic #	Expires:
	Lic #	Expires:
	Lic #	Expires:
	Lic #	Expires:
	Lic #	Expires:
	Lic #	Expires:

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E. Comments:

Keep disinfected & non disinfected tools team separated
in hair & nail station.
Nail file dust on nail table and electric file
and all surfaces.
2 Hair in shears & shear case. Disinfect after each use
3 Hair in clipper guard case.
4 Nail file dust/contaminates in file case.

F.

Date: 10-4-2018 Time 11:53

Signature: _____

Inspector signature

Licensee reviewed inspection report with Inspector YES ☒ NO (if "no" why not) not working

RECHECK _____

FAIL Will reinspect -PASS